

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.  
**09781090**  
APPLICANT(S)

FILING DATE  
**02-12-01**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	SEP.	IND.	SEP.	IND.	SEP.	
1	/		/		/		51
2		/	/		/		52
3		/	/		/		53
4		/	/		/		54
5		/	/		/		55
6	/		/		/		56
7			/		/		57
8			/		/		58
9			/		/		59
10			/		/		60
11			/		/		61
12			/		/		62
13			/		/		63
14			/		/		64
15			/		/		65
16			/		/		66
17			/		/		67
18			/		/		68
19			/		/		69
20			/		/		70
21			/		/		71
22			/		/		72
23			/		/		73
24			/		/		74
25			/		/		75
26			/		/		76
27			/		/		77
28			/		/		78
29			/		/		79
30			/		/		80
31			/		/		81
32			/		/		82
33			/		/		83
34			/		/		84
35			/		/		85
36			/		/		86
37			/		/		87
38			/		/		88
39			/		/		89
40			/		/		90
41			/		/		91
42			/		/		92
43			/		/		93
44			/		/		94
45			/		/		95
46			/		/		96
47			/		/		97
48			/		/		98
49			/		/		99
50			/		/		100
TOTAL IND.	2		2		2		TOTAL IND.
TOTAL SEP.	4		4		4		TOTAL SEP.
TOTAL CLAIMS	6		6		6		TOTAL CLAIMS